

Name
in
Full

John Archer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Port Deposit	Cecil			
Date of death 1903	Month 2	Day 11	Years 57	Months	Days
Sex Male	Color or Race Colored	Birth-place Cecil Co			
Married, Single or Widowed Married	Occupation Shoemaker				
Name of Wife or Husband Harriett Archer					
Father's Name				Father's Birthplace	
Mother's Maiden Name Cassie Archer				Mother's Birthplace	Cecil Co
Name of person giving information Harriett Archer				How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Chronic

How long

from

Immediate

Exhaustion 27

How long

five days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. E. Clawson

Port Deposit

Accident or Suicide



Name
in
Full

Isabel Baxter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Post Deposit</u>			County <u>Cecil</u>		MARYLAND	
Date of death 1903	Month 2	Day 14	Age 24	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>None</u>		Birth-place <u>Wilmington Del</u>		
Married, Single or Widowed <u>Single</u>						
Name of Wife or Husband <u></u>						
Father's Name <u>Malcolm Baxter</u>					Father's Birthplace <u>Wilmington Del</u>	
Mother's Maiden Name <u>Mary Baxter</u>					Mother's Birthplace <u></u>	
Name of person giving Information <u>Clara Baxter</u>					How related to deceased <u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

69

How long all her life

Immediate

Suicide

How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

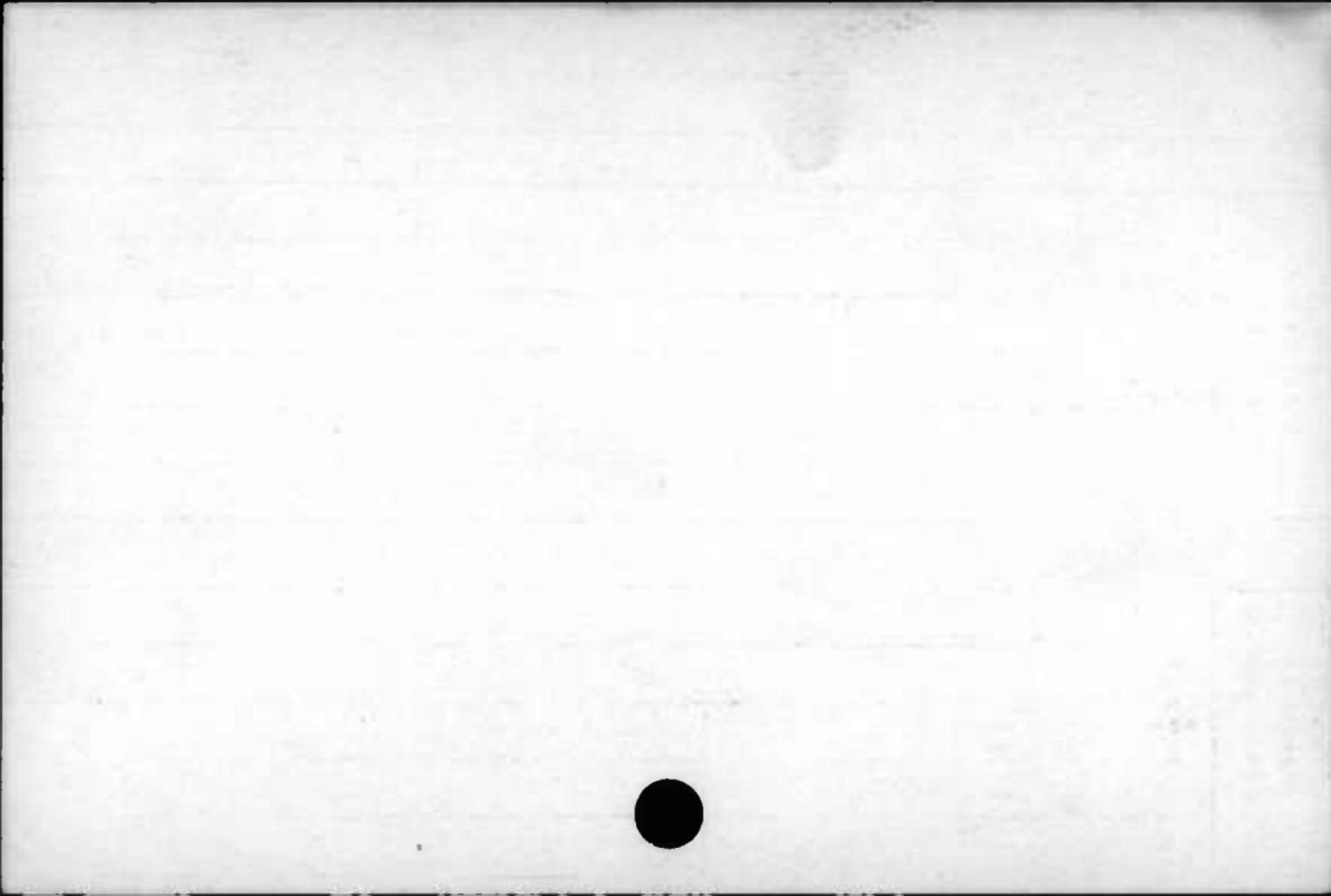
Signature of
Physician

J. E. Cunnion

Address

Rob Servant

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death 190	2 Feb.	Month	15 Day	Cecil	3rd Dist	Months	Days
Sex	Male	Color or Race	White	Age	48 Years		
Married, Single or Widowed	Single	Occupation		Cecil Co, Laborer.			
Name of Wife or Husband	John Briley		Father's Name		Md		
Father's Name	John Briley		Mother's Name		Mother's Birthplace		
Mother's Maiden Name	Chas Moody		How related to deceased		No relation		
Name of person giving information	Chas Moody				Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hern

How long

Immediate

July 79

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

3 Blamey
North End

Accident or Suicide?

99

Name
in
Full

Mercy Alcovinus

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND.

Died at	Town	County	MARYLAND		
Date of death 1903	Month 2	Day 20	Age 78	Years	Months Days
Sex Female	Color or Race White	Occupation	Birth- place NJ		
Married, Single Widowed					
Name of Wife or Husband Alfred Cousins					
Father's Name Thomas Neyle				Father's Birthplace NJ	
Mother's Maiden Name Sarah Ashbrook				Mother's Birthplace NJ	
Name of person giving Information Mary Chick				How related to deceased Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio-sclerosis

How long

2 years

Immediate

Nephritis

How long

2 years

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

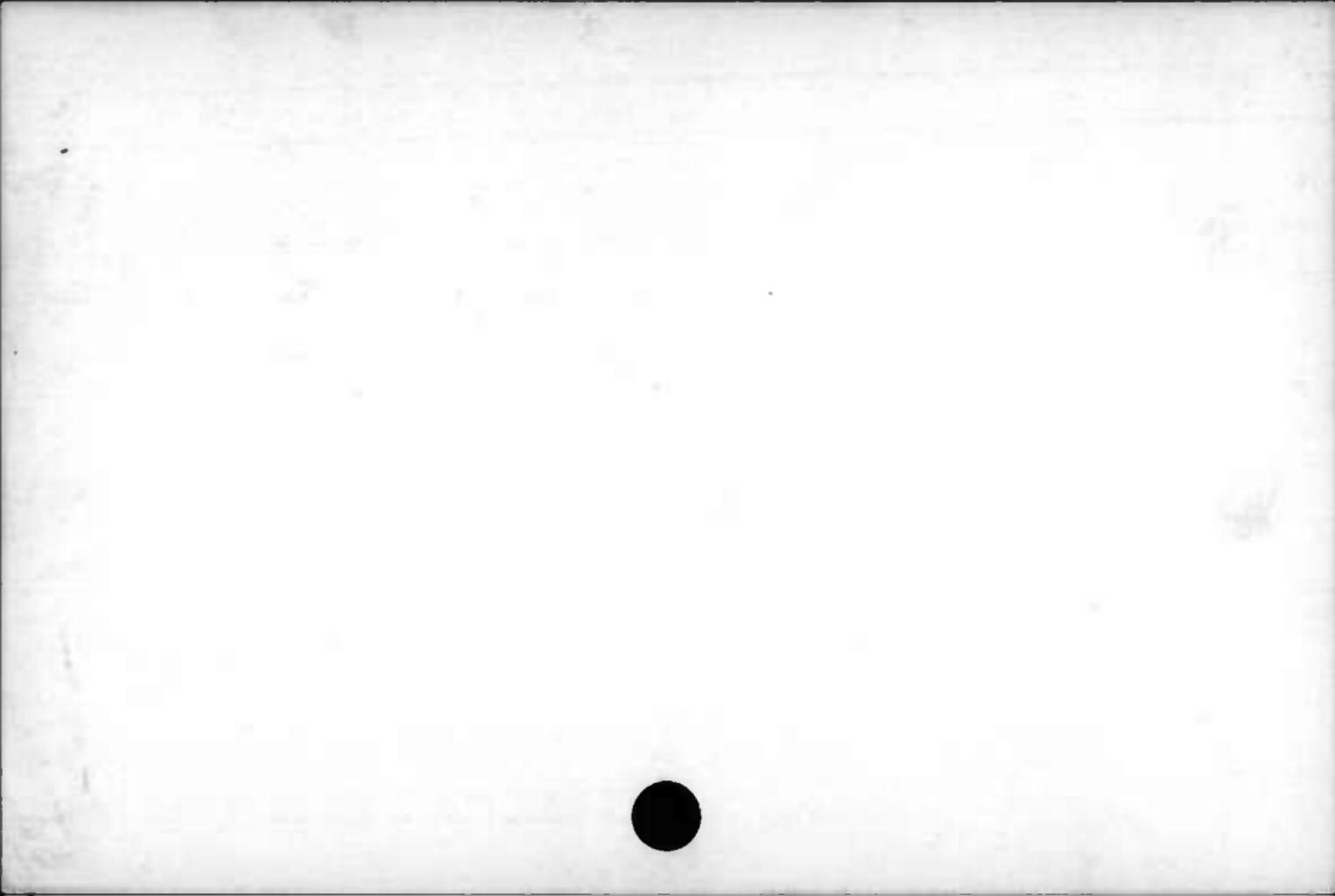
Address

Howard Bratton

Elkton Md

Q

Accident or Suicide?



Name
in
Full

Elizabeth Doodoo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Port Deposit</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>2</u>	Day <u>6</u>	Age <u>68</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u> </u>		Birth-place <u>Port Deposit</u>		
Married, Single or Widowed <u>Single</u>						
Name of Wife or Husband						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased	
CAUSES OF DEATH						

Primary

Cause of Death 42

How long

6 min

How long

Immediate

Lunars

Are the name, age, sex, color, date and place correctly given above?

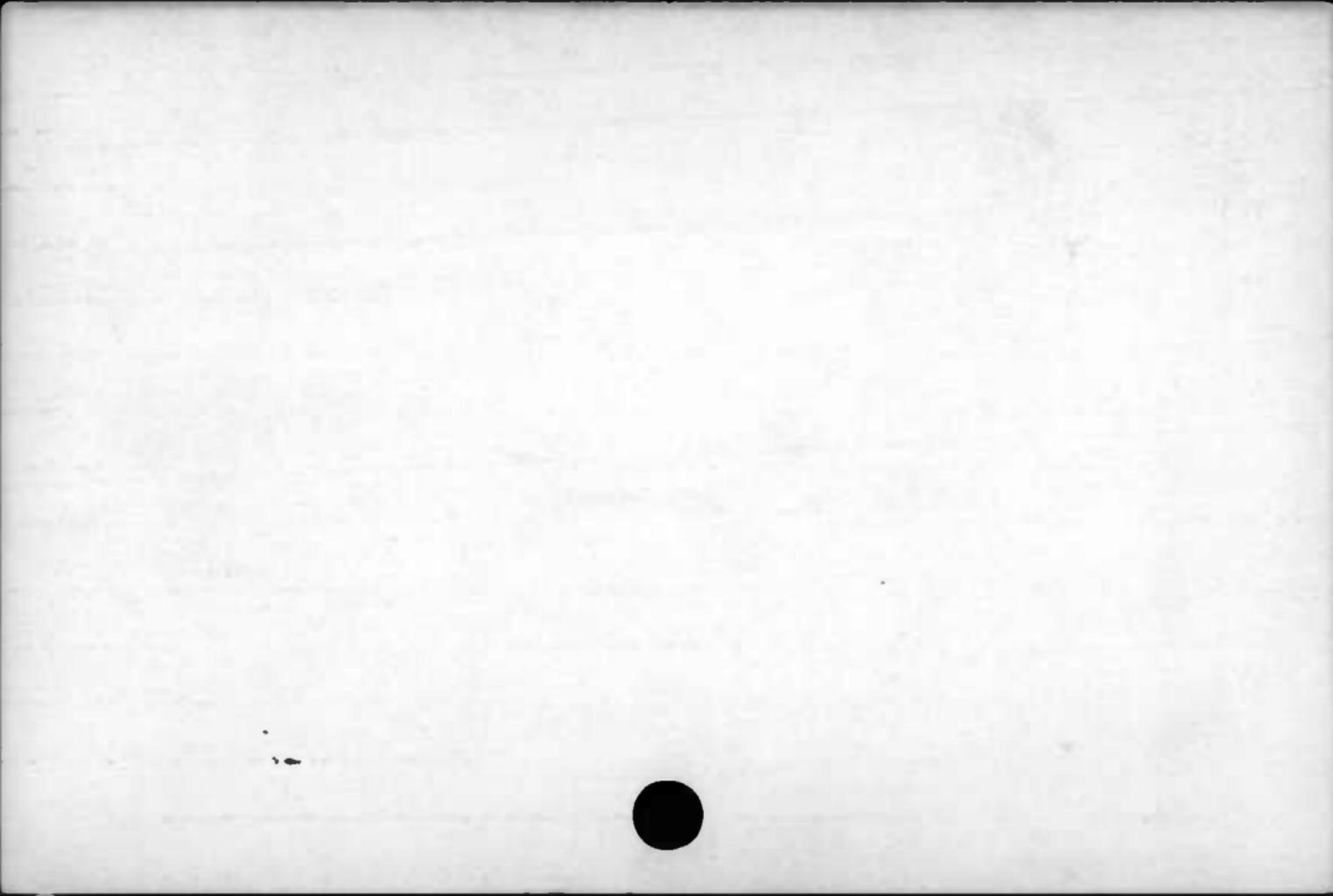
Yes

Signature of Physician

Address

H E Clurman
Post Sergeant

Accident or Suicide?



Name
in
Full

John. T. Davis 4th vis-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Bank	Cecil		
Date of death 1903	Month February	Day 4	Years 73	Months Days
Sex	male	Color or Race white	Birth-place Pa	
Married, Single or Widowed	Married	Occupation Farmer		
Name of Wife or Husband	Sarah C. Lilly			
Father's Name	Jonathan Davis			
Mother's Maiden Name	Mary Gamble			
Name of person giving information	Nelson Davis			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	rephritis	170	How long
Immediate	pneumonia		6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. C. Stur Mitchell MD
		Address	Cecil Md.
Accident or Suicide?			

63-

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Wm Denver

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death	1903	Month	2	Day	13	Years	47
Age		Sex	Male	Color or Race	White	Birth-place	W.M.D.
Married, Single or Widowed		Occupation		Married Carpenter			
Name of Wife or Husband		Margaret O'Rourke					
Father's Name		Wm Denver		Father's Birthplace		Ireland	
Mother's Maiden Name		Mary Gracy		Mother's Birthplace		Ireland	
Name of person giving Information		Margaret Denver		How related to deceased		Wife	

CAUSES OF DEATH

Primary	Q3	How long
Immediate	Pneumonia	9 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		H. Arthur Mitchell MD
		Address
Accident or Suicide?	Elkton Md.	



John Dyer -

Town

Ches: City

County

Cecil

MARYLAND

Died at

Month

Day

Y.

M.

D.

Feb 26

Age

71.

Native of

Ma

Occupation

Day Laborer

Date 19 03

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Julia Dyer

Wife

Father's

Name

John Dyer

Mother's

Maiden Name

a Do not know

How long sick

Cause of

Primary

Old age failing Health presume

Death

Immediate

Pure debility -

Accident, Suicide, Homicide

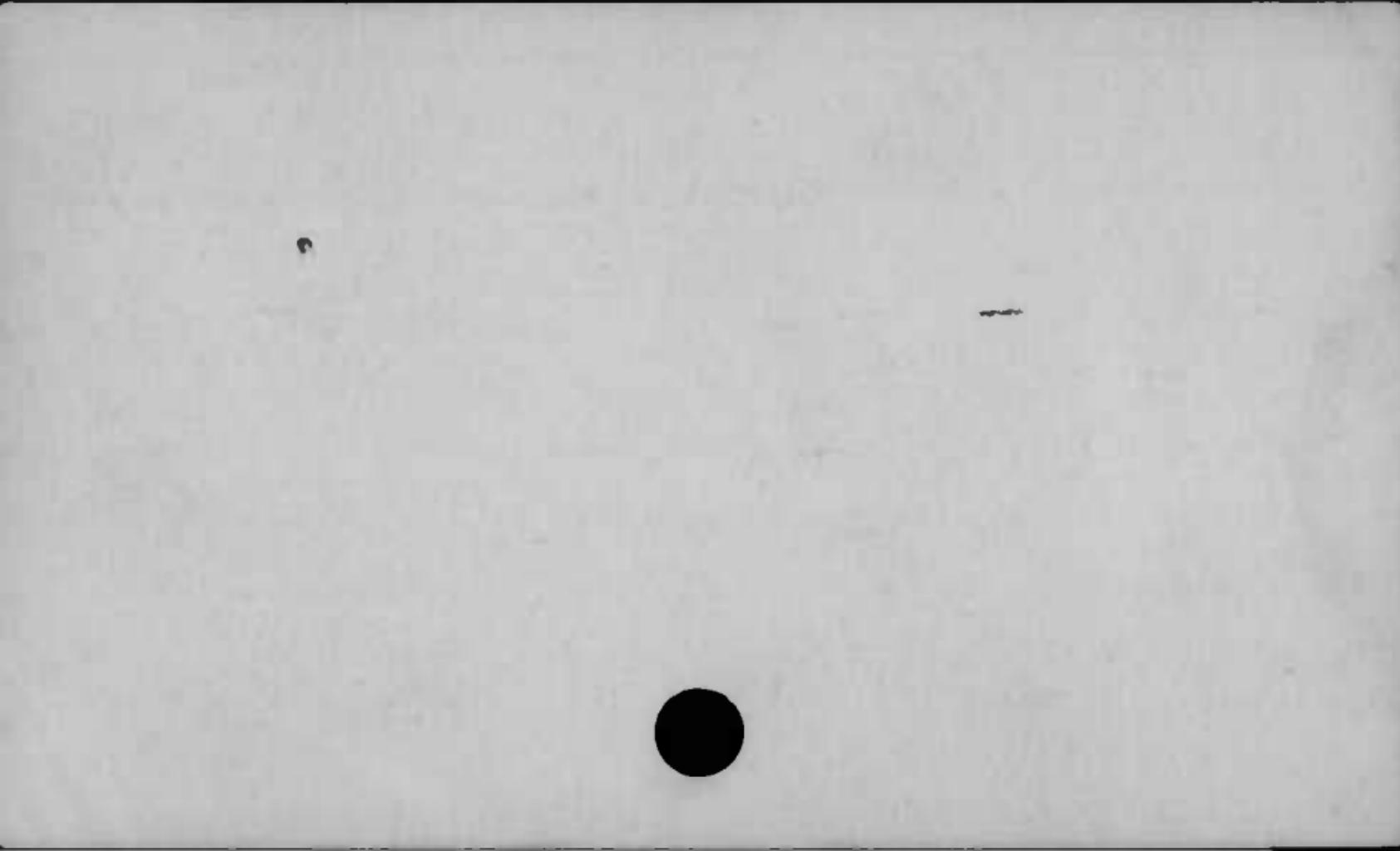
Reported by

Dr P O'Waller

Ches: City Ma

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Gallo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Feb	Day 4	Age 1	Years	Months 5	Days 8
Sex Male	Color or Race		White		Birth-place	3rd dist
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Vito Gallo			Father's Birthplace	Italy	
Mother's Maiden Name	Seraea Biceo			Mother's Birthplace	Italy	
Name of person giving information	Seraea Gallo			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR SORONER

Primary	La Grippe	10	How long	5 days
Immediate	Pneumonia		How long	8 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	Howard Brallan Elkin Md

Accident or Suicide?



Name
in
Full

Frank Houston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	North East	County	MARYLAND		
Date of death 190	3 Feb	Month Day	Age	Years	Months Days
Sex	Male	Color or Race	white	Birth- place	Philadelphia, Pa.
Married, Single or Widowed	Single	Occupation	Laborer		
Name of Wife or Husband					
Father's Name	Charles Houston				
Mother's Maiden Name	Catherine				
Name of person giving Information	Harry Houston				
CAUSES OF DEATH					

Primary

Accumulation

How long

Immediate

Death of Accumulation

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

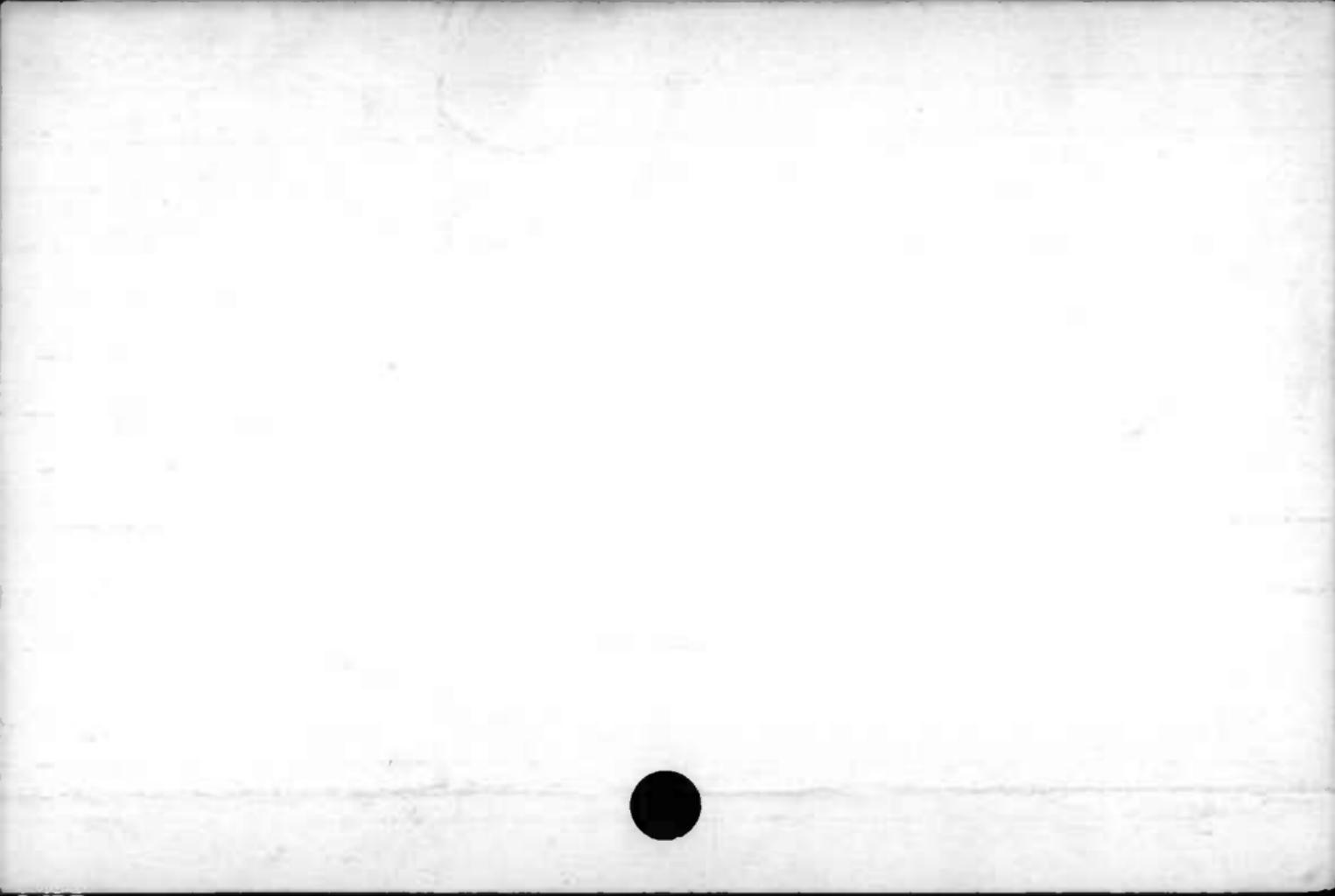
Signature of
Physician

Address

Wm. D. Cawley

Elkton
Md

Accident or Suicide?



Died at

Ecklm-

County
Cecel

MARYLAND

Date 1903

Month Day
Feb 21Y. M. D.
52

Age

Native of

Occupation

Male

White

Married

Widow

Divorced

Fate

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Wm T. Jones

Mother's Maiden Name

McCallough

How long sick

8 mo

Cause of Death

Primary

Immediate

Cancer of stomach

Accident, Suicide, Homicide

Reported by

Hector Mitchell M.D.

Ecklm M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Emma Keithley 6-111

CERTIFICATE OF DEATH

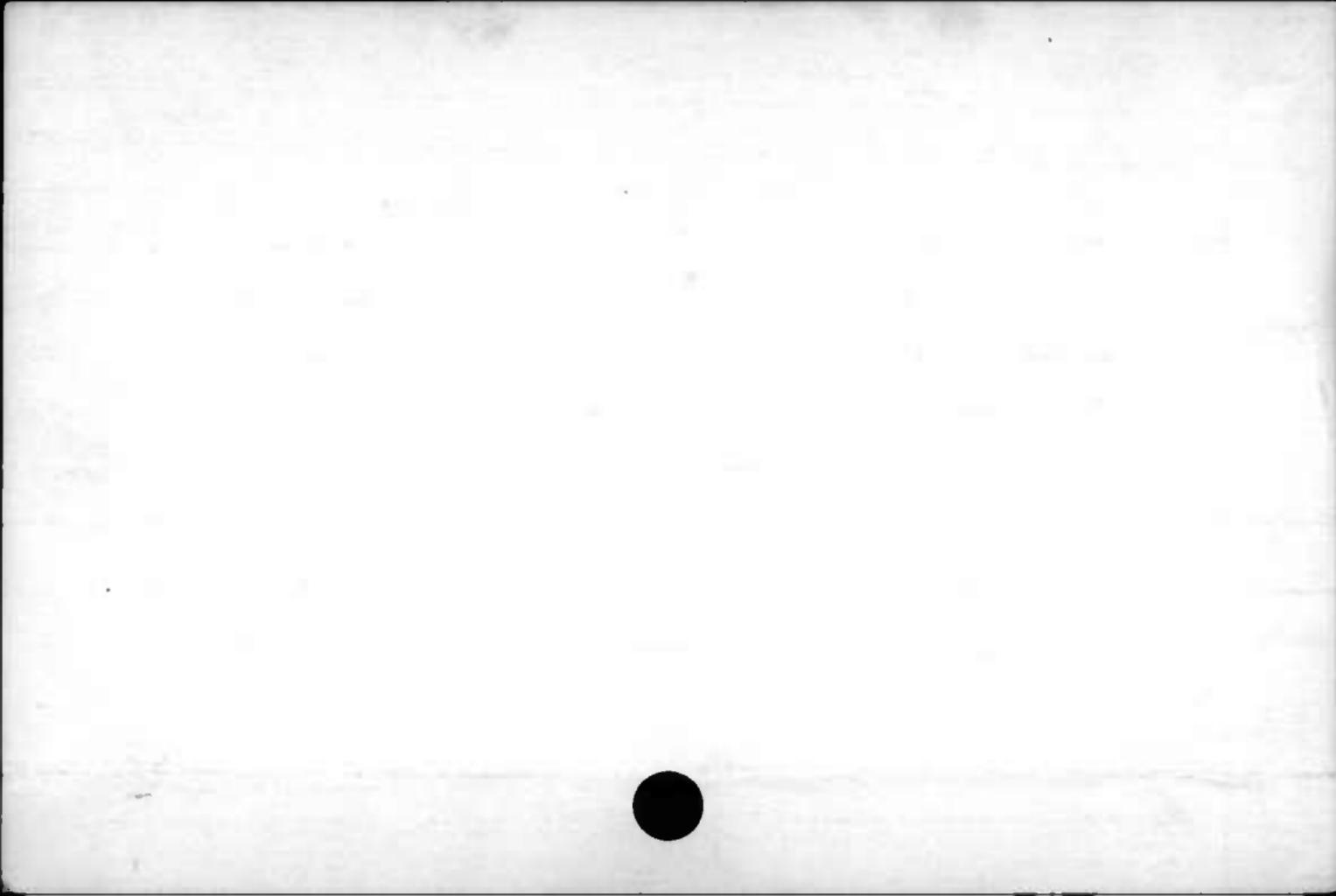
TO BE ANSWERED BY
NEAREST FRIEND

Died in	Town	County	MARYLAND		
Date of death 1903	Month Feb	Day 21	Age 49	Years	Months Days
Sex Female	Color or Race White	Birth-place Cecil Co.			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name	Johnathan Keithley				
Mother's Maiden Name	Mabel H. Mc Kinney				
Name of person giving Information	John R. Keithley				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colp & Exposure	How long
Immediate	Frozen	170 How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address
Accident or Suicide?	Dr. D. Cawley M.D. Electon Md.	



Anna Pennock

Died at	Town	County			
	Chesapeake City	Cecil	MARYLAND		
Date 1903	Month 2	Day 20	Y. 62	M. 6	D. 20
	Native of				Occupation
	Mayland				Service
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living 3	

Husband of Isaac Pennock
Wife

Father's Name Robert Davis Mother's
Maiden Name

Cause of Death	Primary <u>Heart lesion</u>	How long sick <u>3 mos</u>
Death	Immediate <u>X</u>	Accident, Suicide, Homicide

Reported by JBC Karsner

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Rambo 6-Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND			
Date of death 190	3	Month	27	Age	87	Years	Months	Days
Sex	May		Color or Race	white		Birth-place	Newark	
Married, Single or Widowed	Widow		Occupation	Miner		Farmer		
Husband	George Rambo			Son of		George Rambo		
Father's Name	Samuel Rambo			Mother's Maiden Name		Margaret Chapman		
Mother's Maiden Name	Margaret Chapman			Name of person giving information		Nephew		
How related to deceased								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease 154

How long

2 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

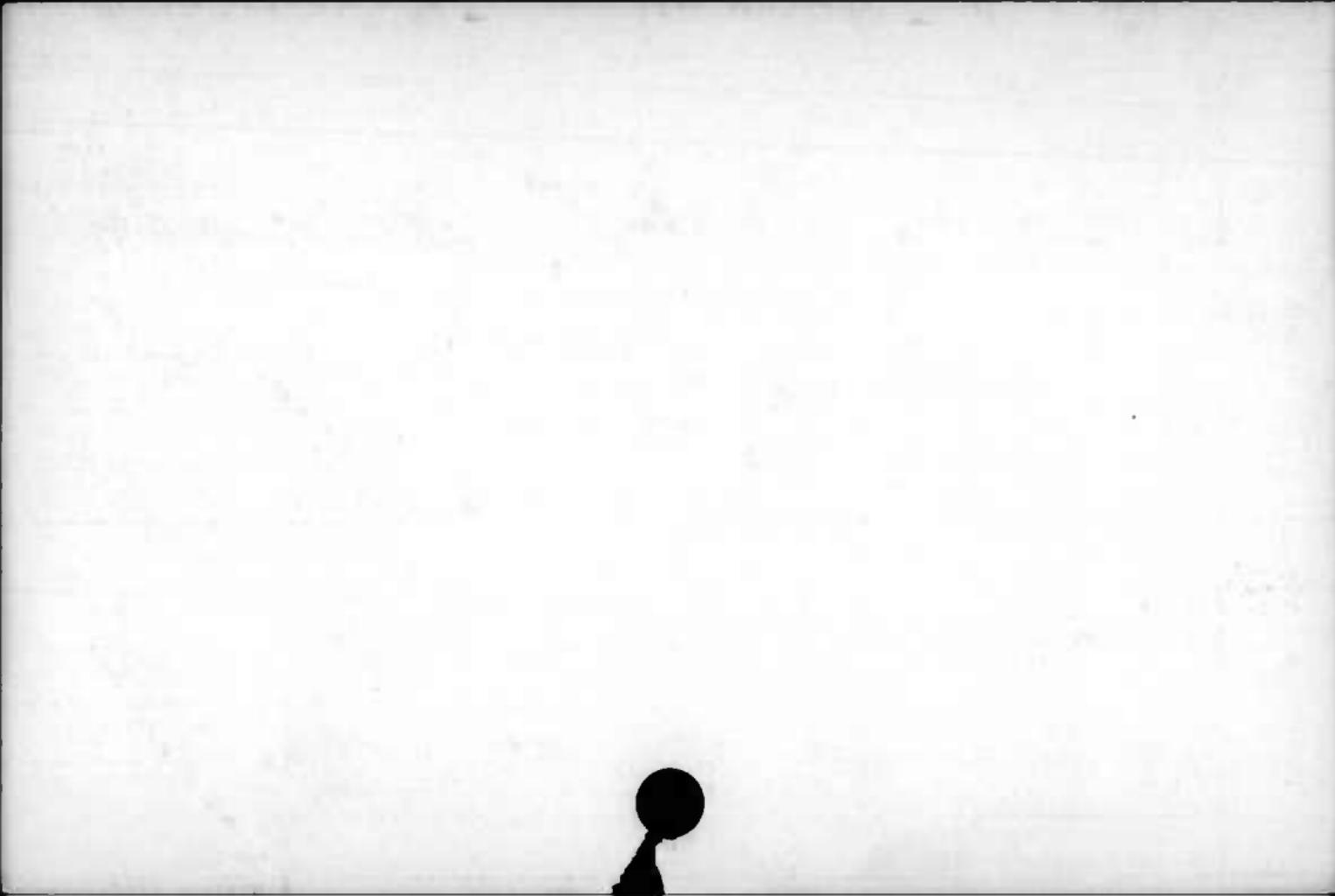
yes

Signature of Physician

Address

B. Brumley
North End

Accident or Suicide?



Ranbo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died	3rd	Town	Dist	County	Maryland	
Date of death 1903	Month Feb	Day 21	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	3rd dist	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Wm. J. M. Ranbo			Father's Birthplace	Becie 60	
Mother's Maiden Name	Emma Smith			Mother's Birthplace	Becie 60	
Name of person giving information			How related to deceased			

CAUSES OF DEATH

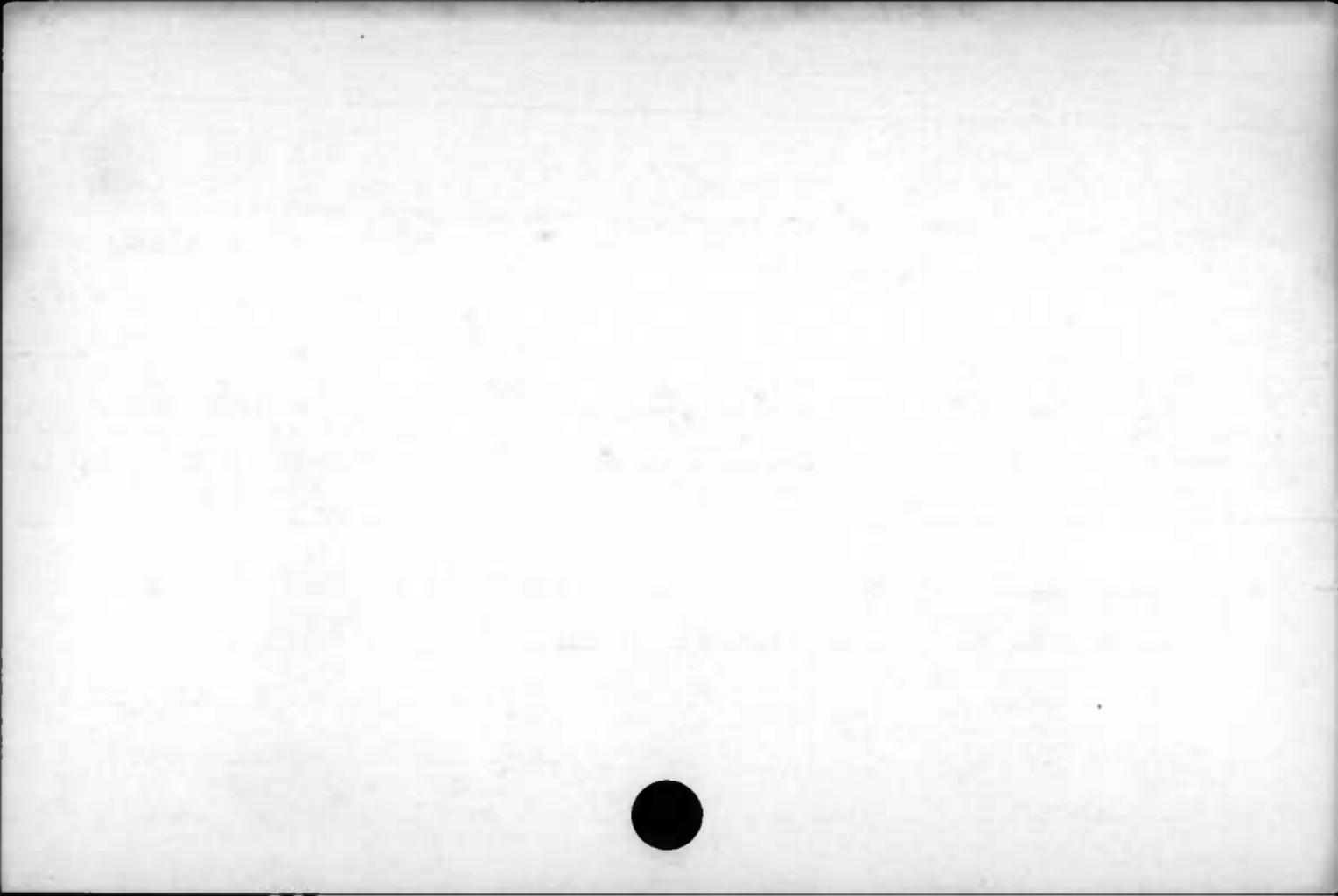
Primary	Still - born - prolapsed cord Mother in last stages of pregnancy died after 5	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address

Howard Brattin M.D.

Elkton Md

Accident or Suicide?



Name
in
Full

Mrs Tobias Rudolph

CERTIFICATE OF DEATH

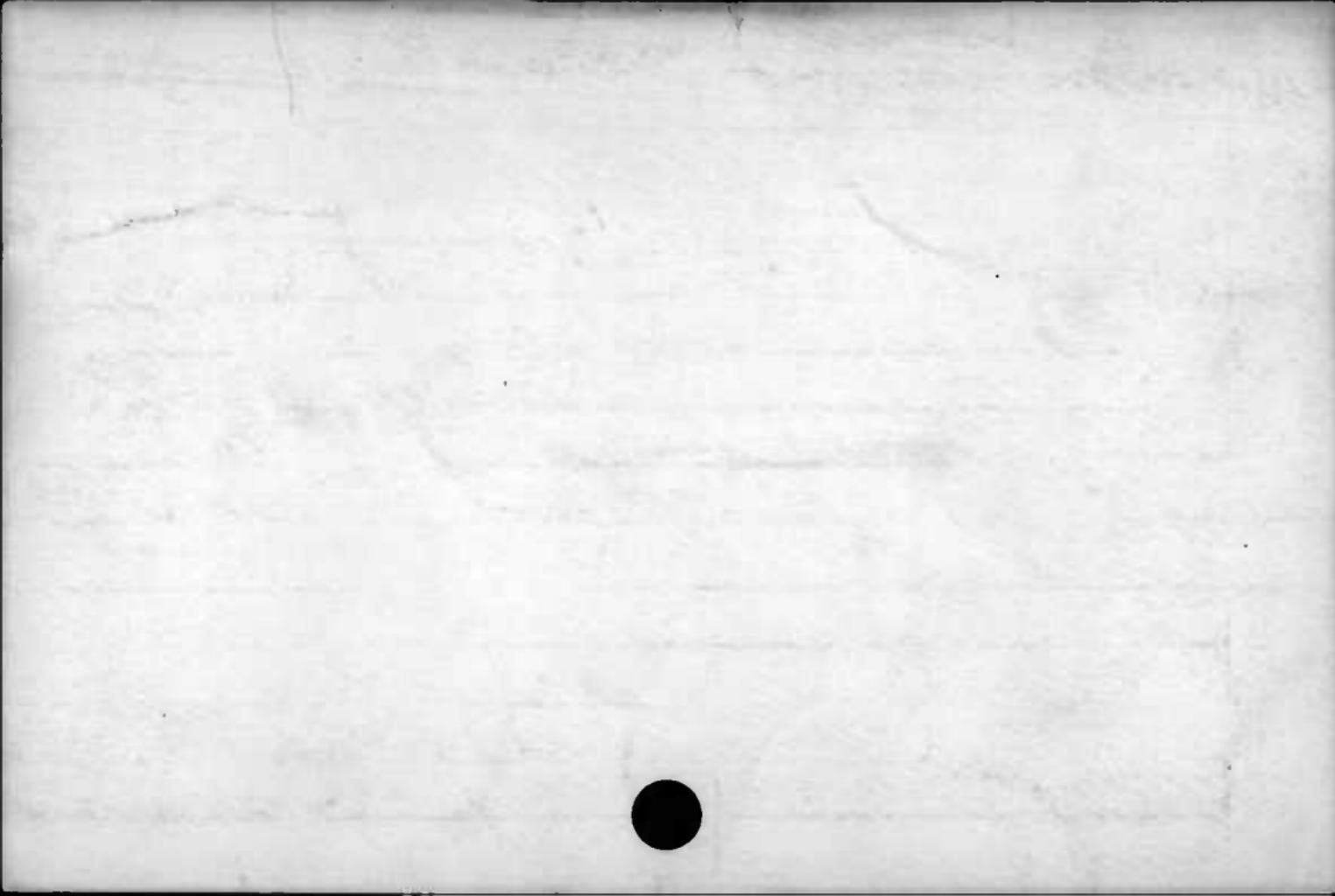
TO BE ANSWERED BY
NEAREST FRIEND

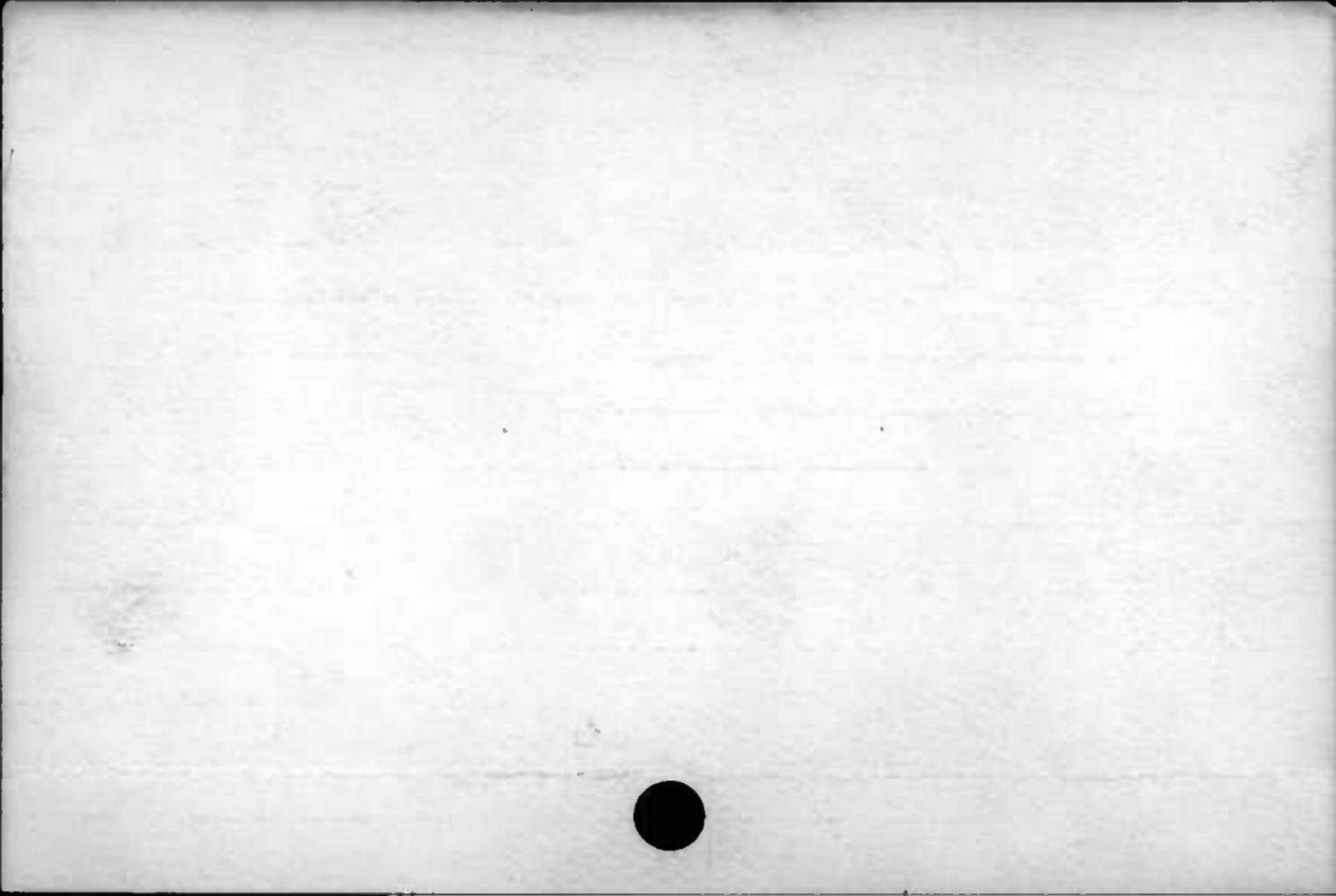
Died at	Elkton	Town	County	MARYLAND	
Date of death 1903	Feby	Month	Age 67	Years	Months Days
Sex Female	Color or Race	white	Occupation	Birth-place	Charleston
Married, Single or Widowed	Widow				
Name of Wife or Husband	Tobias Rudolph			Father's Birthplace	Charleston
Father's Name	John	Bacon	Mother's Birthplace	Elkton	
Mother's Maiden Name	Augusta Black			How related to deceased	Son
Name of person giving Information	Chas J. Rudolph				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio Sclerosis 81		How long	Many years
Immediate	Pam Henshaw		How long	Six weeks
Are the name, age, sex, color, date and place correctly given above?	44	Signature of Physician	Charles M. Ellis	
		Address	Elkton Md	
Accident or Suicide?				





Agnes E. Scott

Town

County

Died at

Rock Deposit

Avil

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Rock Deposit	Feb	7	1	8	14	Ind.	—
Male	White	—	Married	Widow	Divorced	—	—
Female	Colored	—	Single	Widower	Number of children living	—	—

Husband of _____

Wife

Father's Name

Cause of Death

Death

Reported by

Address

Husband of _____		Mother's Name	How long sick
Philip Scott		Nannal Scott	3 days
Primary	Pneumonia		Accident, Suicide, Homicide
Immediate	—		—
S. G. Finkley		93	over
Rock Deposit, Md		—	—

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Robert E. Scott

Town

County

MARYLAND

Died at Patapsco

Md.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913. Feb 15

Age 17

Md

Lawn

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Philip Scott

Mother's Name

Hannah Scott

Cause of Death

Primary

Pneumonia. A3

How long sick

4 days

Death

Immediate

Arthritus

Accident, Suicide, Homicide

Reported by

J. E. Clancy

Address

Patapsco

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate re-
ceived from

of

Name in Full

Pembroke Scott.

Certificate of Death

3 Dec 27

Died <u>near</u>	Town <u>Elkton</u>	County <u>Cecil</u>	MARYLAND		
Date <u>1907</u>	Month <u>2</u>	Day <u>22</u>	Y. <u>62</u>	M. <u></u>	D. <u></u>
Male	White	Married	Widow	Occupation	
<u>Single</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>	<u>Divorced</u>	<u>Number of children living</u>

Husband of

Annie Scott

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

7 days

Death

Immediate

Pneumonia

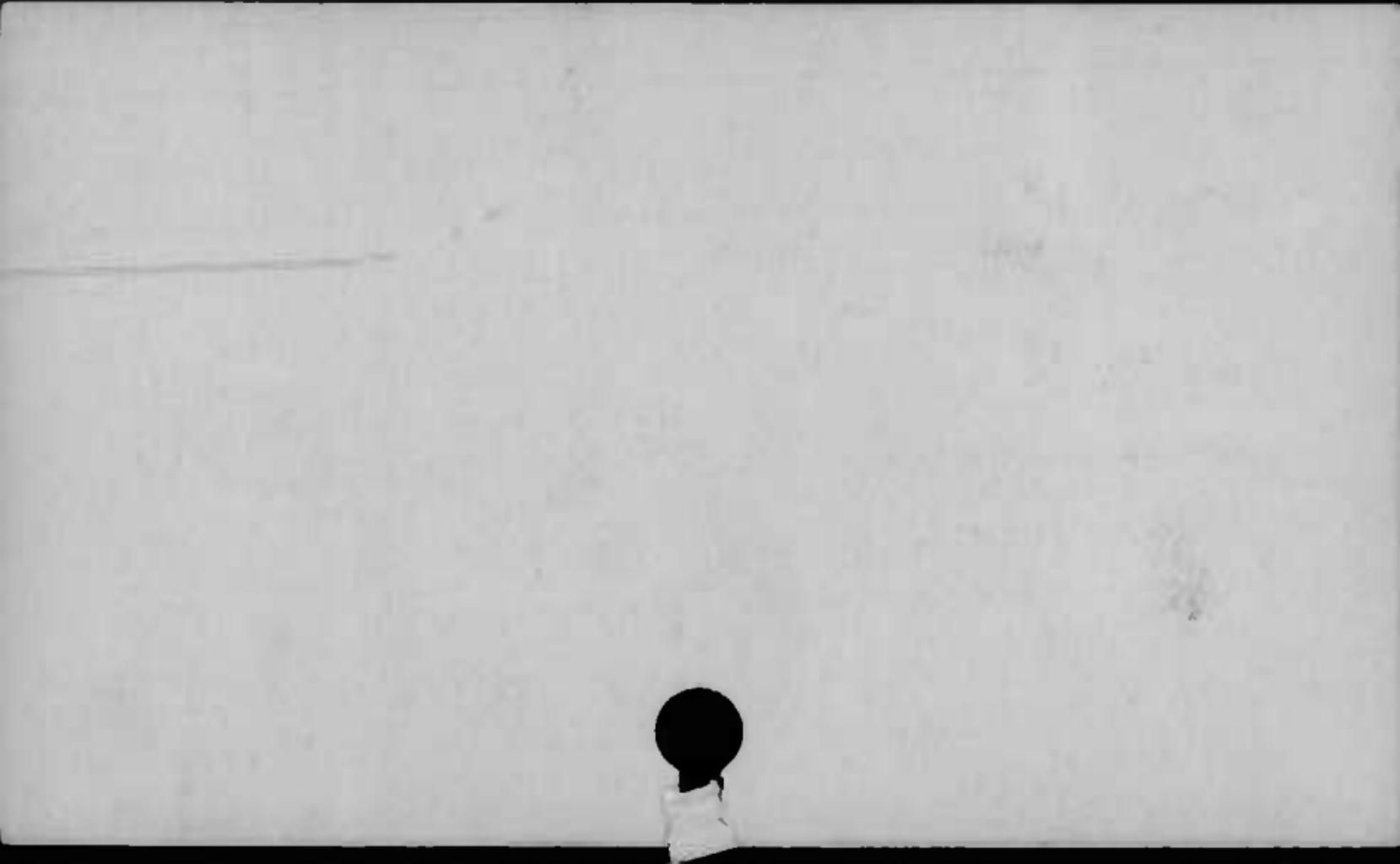
Accident, Suicide, Homicide

Reported by

H. Arthur Mitchell M.D.
Elkton M.D.

Address

Must be signed by physician, if any in attendance, otherwise by co operator, undertaker or minister.



Name
in
Full

Waren 5 Dirle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

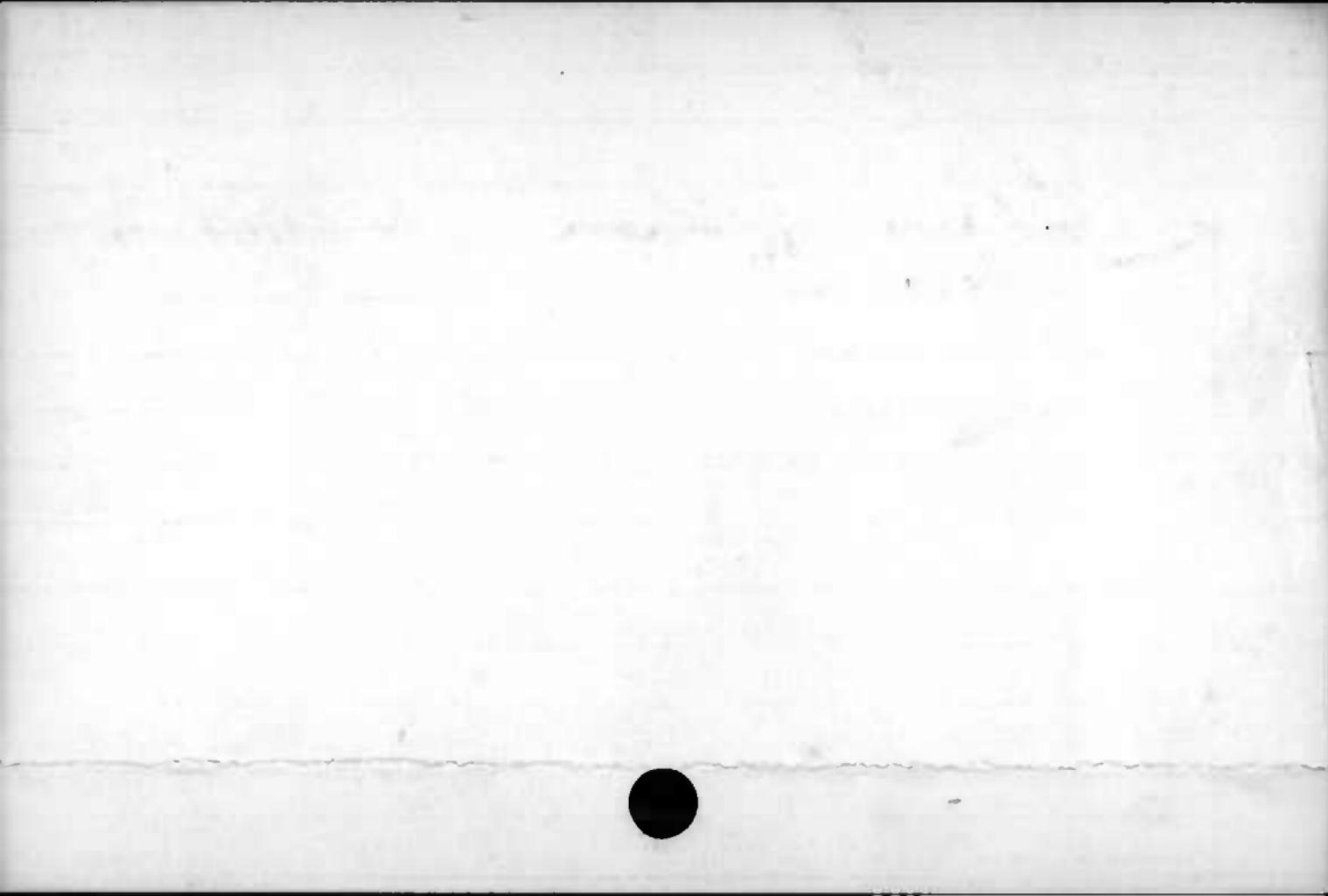
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903		Month	Day	Years	Months	Days	
Sex		Color or Race	Age		Birth-place		
Married, Single or Widowed		Occupation			Employment		
Name of Wife or		Husband			Husband		
Father's Name		Laura Allen			Laura Allen		
Mother's Maiden Name		Lizzie Warren			Lizzie Warren		
Name of person giving information		Laura Fair			Laura Fair		
How related to deceased		Mother			Mother		

CAUSES OF DEATH

**PHYSICIAN
OR CORONER**

Primary	<i>Colomb</i>	How long
	<i>151</i>	<i>4 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician Address
<i>Brasenose</i> <i>Ward 2</i>		



Name
in
Full

Cassie Billiaus

CERTIFICATE OF DEATH

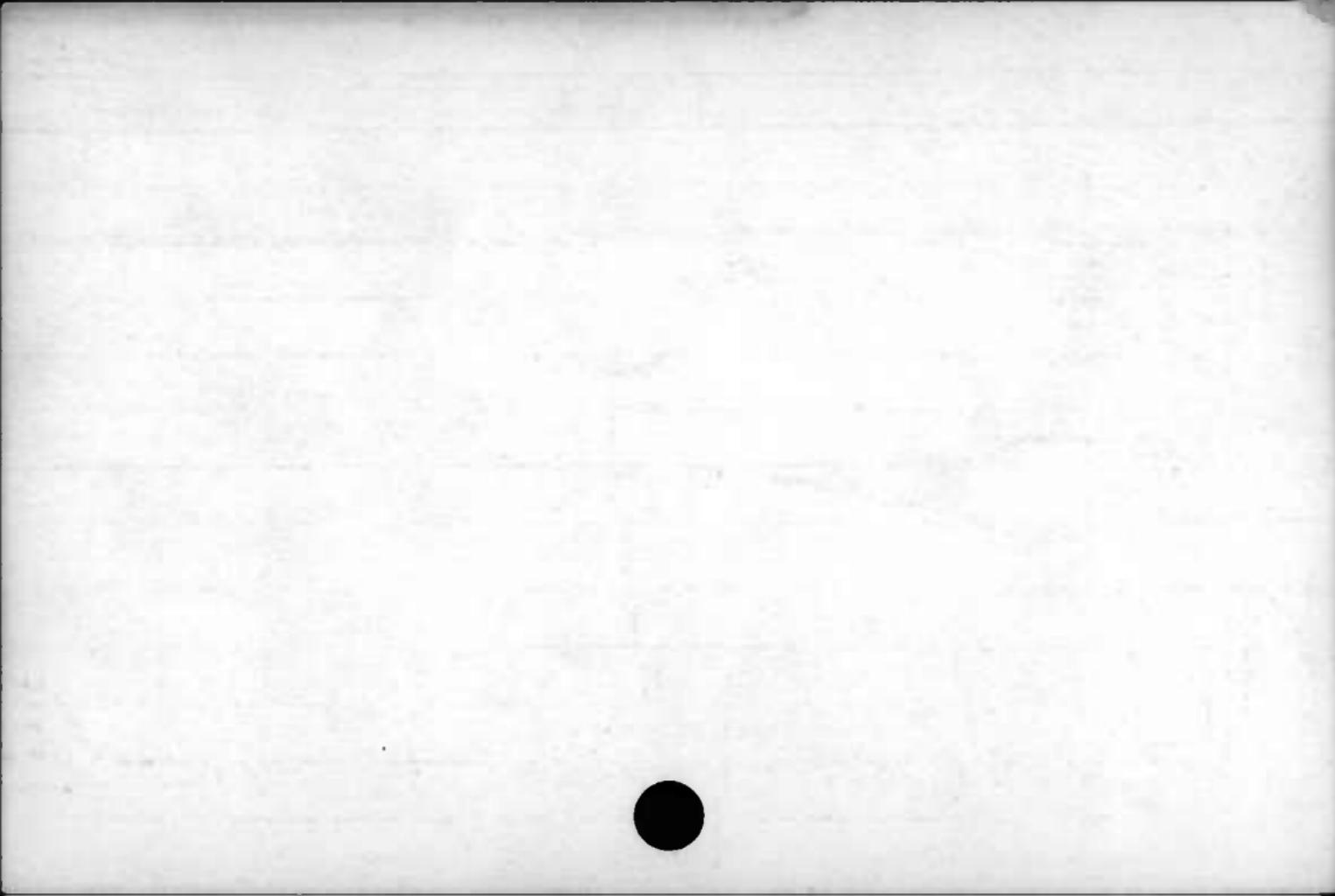
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>2</u>	Day <u>24</u>	Age <u>79</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Occupation <u>Widow</u>		Birth-place <u>Md</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name					Father's Birthplace	<u> </u>
Mother's Maiden Name					Mother's Birthplace	<u> </u>
Name of person giving Information					How related to deceased	<u> </u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Heart Disease</u>	<u>79</u> How long <u>2 yrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>
Signature of Physician	<u>H. Arthur Mitchell M.D.</u>
Address	<u>Elkton Md.</u>
Accident or Suicide?	<u> </u>



Ida Wilson

Died at St Augustine, Cecil, MARYLAND

Town	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Dec.	11 th	40.			Del.	Huck.
Male	White	Married	Widow			Divorced	
Female			Widower			Number of children living	0

Wife of	W. B. Wilson
Father's Name	Don't know
Mother's Name	Don't know

Cause of Death	Primary	How long sick
	Immediate	2 weeks.
	Peritonitis	Accident, Suicide, Homicide

Reported by	Ehas. S. Pritchard, M.D.
Address	Middleton, Del.

